

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

For
Office of Labor-Management
and Budget
No. 1215-
Expires 11-30-

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4362</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Thomas</u> <u>S</u> <u>Herring</u> P.O. Box, Bldg., Room No., if any <u>P. O. Box 429</u> Street _____ City <u>Fayette</u> State <u>Alabama</u> ZIP Code + 4 <u>35555</u>	4. Name, file number, and address of labor organization. Name <u>Southern Council Of Industrial Workers</u> Labor Organization File Number <u>066-238</u> P.O. Box, Building and Room Number, if any <u>Suite 190B</u> Street <u>5339 I-55 North, Suite 190B</u> City <u>Jackson</u> State <u>Mississippi</u> ZIP Code + 4 <u>39206</u>
5. Position in labor organization. <u>Senior Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Thomas S. Herring</u>	On <u>7/25/05</u> Date	<u>205-932-9319</u> Telephone Number

Name of Person Filing	Thomas Herring	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Southern Council of Industrial Workers H & W"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="P.O. Box 3043"/></p> <p>Street <input type="text" value="602 Virginia Street, east"/></p> <p>City <input type="text" value="Charleston"/></p> <p>State <input type="text" value="West Virginia"/> ZIP Code + 4 <input type="text" value="25331-3043"/></p>	<p>11.a. Nature of such dealing.</p> <p><input &="" council="" fund"="" health="" industrial="" of="" southern="" trust="" type="text" value="I am a Union appointed Trustee of my unions Taft Hartley Trust Fund, " welfare="" workers=""/>.</p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="I am reimbursed expenses for attending Trust Fund meetings only."/></p> <p>12.b. Amount. <input type="text" value="\$753"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money, or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

Name of Person Filing Thomas Herring	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text" value="Southern Council Industrial Workers Pension"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P.O. Box 3043"/></p> <p>Street <input style="width: 80%;" type="text" value="602 Virginia Street, east"/></p> <p>City <input style="width: 80%;" type="text" value="Charleston"/></p> <p>State <input style="width: 20%;" type="text" value="West Virginia"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="25331-3043"/></p>	<p>11.a. Nature of such dealing.</p> <p><input style="width: 90%;" type="text" value="I am a Union appointed Trustee of my unions Taft Hartley Trust Fund, 'Southern Council of Industrial Workers Pension Trust Fund'."/></p> <p>11.b. Approximate dollar value of such dealing. <input style="width: 20%;" type="text" value="\$0"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input style="width: 90%;" type="text" value="I am reimbursed expenses for attending Trust Fund meetings only."/></p> <p>12.b. Amount. <input style="width: 20%;" type="text" value="\$121"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money, or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input style="width: 90%;" type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input style="width: 80%;" type="text"/></p>